

Editorial

Health and illness: From an analytical to a phenomenological approach

Medicine, Health Care and Philosophy is a forum for international exchange of research data, theories, reports and opinions in the discipline of bioethics, and the philosophy of medicine and health care in general. The aim of the journal is to promote interdisciplinary studies, as well as to stimulate international exchange. Particular attention is paid to contributions from European countries, but, as the ESPMH has many members from outside Europe, we also welcome scientific contributions from non-European countries.

Over the last nine years, *Medicine, Health Care and Philosophy* has become a high quality journal in the field of medical ethics and medical philosophy. Nevertheless, our intention is to further improve the quality of the journal as much as possible. In the course of 2008 we will apply for inclusion in current indexes of scientific journals, for example the Social Science Citation Index. Recognition by the ISI will make it even more attractive for authors to submit their articles to our journal.

The most important change in the last year was the introduction of Springer's Online Manuscript Submission, Review and Tracking System. From June 2006 onwards all submissions, reviews and editorial decisions have taken place via the electronic Editorial Manager. Via the same system an author can follow the different steps in the review and editorial procedure. Based on our experiences so far we are quite satisfied with this new system. It considerably facilitates our work as editors-in-chief and the interplay between the editorial team and Springer. Even more important is that the Editorial Manager also facilitates a timely review process and helps us in further improving the quality of the reviews.

Medicine, Health Care and Philosophy is also a healthy journal in terms of manuscript flow. Therefore, the board of the ESPMH and the editorial team of *Medicine, Health Care and Philosophy* have decided that from now on the journal will be published as a quarterly.

The first part of this first issue of volume 10 is a thematic section dedicated to Lennart Nordenfelt's theory of health. During his academic career,

Lennart Nordenfelt, former president of the ESPMH, has spent much time and energy to develop an all-encompassing theory of health. This thematic section stems from an honorary panel that was held at the XIXth conference of the ESPMH in Barcelona in August 2005. The theme of this thematic section will be further introduced by the guest editor, Thomas Schramme.

The first of the other scientific papers, written by Mette Ebbesen and Birthe Pedersen, is a contribution to the further development of empirical ethics. The paper tackles the problem – which is crucial in empirical ethics – whether and how all kinds of empirical descriptions and descriptive conclusions may have any normative implications for caregivers. The authors illustrate the process of how to integrate empirical research into the formulation of normative ethical principles by focussing on the philosophical method of Wide Reflective Equilibrium (WRE). One of their claims is that there is an important parallel between philosophical hermeneutics and the theory of WRE and that a combination of these two methods is fruitful in order to formulate normative ethical principles. In a short commentary on this paper, Guy Widdershoven stresses that a combination of hermeneutics and WRE might be fruitful in empirical ethics, but that we must not close our eyes for the differences between these two approaches.

The second paper, written by Les Todres, Kathleen Galvin and Karin Dahlberg, is based on the idea of the lifeworld as it has been developed by the founding father of phenomenology, Edmund Husserl. This key concept in phenomenology is further explained via notions such as temporality, intersubjectivity, and embodiment. The authors introduce the concept of 'lifeworld-led healthcare' and analyse its value as a 'humanising force' in health care. Lifeworld-led healthcare might be seen as an instrument against tendencies such as just following technological possibilities and consumerism.

The third paper, written by Tressie Dutchyn Ayers, also has its roots in phenomenology, in particular in phenomenological reflections on the meaning of illness. The author focusses on the idea of 'like-minded thinking' in models of a partnership,

especially the relationship between cancer patients and caregivers. Central in this 'like-minded alliance' is not only a shared goal with mutual agreement to work toward that goal, but reciprocal encouragement between two people. Mutual support and stimulating hope are paramount.

The fourth paper, written by Medard Hilhorst, Leonieke Kranenburg and Jan Busschbach, asks whether health care professionals should encourage living kidney donation. Based on an analysis of the attitudes and views of patients and relatives they argue that active interference in peoples lives is justified – if not obligatory – in order to raise the number of living kidney donations. In their analysis they scrutinise notions and ideals such as non-directivity and value neutrality. Furthermore, they

argue that individual convictions of potential donors are not necessarily strong, stable, or deep, but instead open to change. Therefore, these convictions might be influenced in a process of context-relative counselling.

The final paper in the section 'scientific contributions', written by Renzo Pegoraro and Giovanni Putoto, analyses experiences of current bioethics training activities for health care workers. It is based on a description of the state of affairs in ten European countries in the context of the European Hospital (-Based) Bioethics Programme.

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